

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 235 OF 451

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cantor for Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. John V. Cogbill , III**

Mailing Address 11780 Bollingbrook Drive

City	State	Zip Code
Richmond	VA	23236-3231

Purpose of Disbursement  
General Election Contrib. Refund

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

2500
------

Transaction ID : B-E-80680

**B. Dr. Elisabeth J Cohen M.D.**Mailing Address 33 E 70th Street  
Apt. 6D

City	State	Zip Code
New York	NY	10021-4985

Purpose of Disbursement  
General Election Contrib. Refund

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

2600
------

Transaction ID : B-E-80984

**c. Mr. Jeffrey C. Cohen**Mailing Address 20 E 84th Street  
Apt. 5B

City	State	Zip Code
New York	NY	10028-0457

Purpose of Disbursement  
General Election Contrib. Refund

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

2400
------

Transaction ID : B-E-80985

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00